

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>Richard J. Gacho, Sr.</b>		COURT CASE NUMBER <b>07C6378</b>
DEFENDANT <b>Supt. Andrews, et al.</b>		TYPE OF PROCESS <b>S/C</b>
SERVE →	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Correctional Officer Collazo, Division 10</b>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>Cook County Jail, C/O Rhonona, Legal Dept. 2700 S. California Ave. 2nd. Flr. Div. 5</b>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<input type="checkbox"/> <b>Richard J. Gacho, Sr., #2005-0056206</b> <b>Cook County Jail</b> <b>P.O. Box 089002</b> <b>Chicago, IL 60608</b>		<input type="checkbox"/> Number of process to be served with this Form - 285 <input type="checkbox"/> Number of parties to be served in this case <input type="checkbox"/> Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Chicago, IL 60608

FILED  
DEC 13 2007  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:		<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE	
		<input type="checkbox"/> DEFENDANT		11-28-07	

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>4 of 4</b>	District of Origin No. <b>24</b>	District to Serve No. <b>24</b>	Signature of Authorized USMS Deputy or Clerk	TD	Date <b>11-28-07</b>
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <i>Officer Ronna Farnandis</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above) <i>Officer Ronna Farnandis</i>	Date of Service <b>12/10/07</b>	Time <b>2:30 (pm)</b>
Signature of U.S. Marshal or Deputy <i>[Signature]</i>		

Service Fee	Total Mileage Charges (including envelope)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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*One Service fee charged Same case + location*

REMARKS: *See Process Sheet # 1 for charges.*